## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-5-08</u>	Address:	<u>617 N 2nd</u>
Case #:	<u>35-</u> 27844		Vincennes, In
County:	<u>Knox</u>		<u>47591</u>
Type of La	aboratory Seizure (check one)	Seizure Location (	check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Moiel ☐ Open – No Structure ☐ Other;
(check all the Lithium Lithium Red Photo Flamma Water R	ud: Location (bedroom, kitchen, open out apply)  n/Ammonia Reaction(s):  usphorous/Iodine Reaction(s):  able Solvents: Kitchen  Reactive Metal (Lithium):  ous Ammonia:  hloric Acid Gas Generator(s):  we Acid:  tem and location):	_	
Yes No *If yes, fax rej This report	or age 18 discovered (check one) (number present)  port to Child Protective Services  t is to be faxed to the following age	☐ Ephedring ☐ Retail/Mo ☐ Other: <u>Pro</u> ucies that serve the lo	· <del></del>
Health Depa	ment: <u>Vincennes</u> artment: <u>Knox County</u> ction Service: <u>N/A</u>	Fax: <u>812-88</u> Fax: <u>812-88</u> Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Doug Humphrey Phone 812-867-2079			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.